

FILED APR 25 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1873

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 50 years		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3538	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3626 Woodland Avenue				d. STREET ADDRESS (If rural, give location) 52 3626 Woodland Avenue			
3. NAME OF DECEASED (Type or Print) SARAH		a. (First) b. (Middle) EMALINE		c. (Last) MATTHEWS		4. DATE OF DEATH (Month) (Day) (Year) April 4 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 7, 1855	
9. AGE (In years last birthday) 98		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Ainsworth, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Eli Hobsteater		13b. MOTHER'S MAIDEN NAME —		14. NAME OF HUSBAND OR WIFE Dr. Francis Matthews		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Harry E. Matthews		18. ADDRESS 3626 Woodland, K.C., Mo.		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis-General		INTERVAL BETWEEN ONSET AND DEATH 20 years		4500	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. CITY, TOWN, OR TOWNSHIP		21c. (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from About 1945, to April 4th, 1953, that I last saw the deceased alive on March 24th, 1953, and that death occurred at 10:15 P. M., from the causes and on the date stated above.		23a. SIGNATURE J. J. Farnsworth (Degree or title) M.D.	
23b. ADDRESS 1103 Grand Avenue, K.C., Mo.		23c. DATE SIGNED 4-6-1953		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 7, 1953	
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) Kansas City		24e. (State) Missouri		25. FUNERAL DIRECTOR'S SIGNATURE U. A. Proctor	
25. ADDRESS 1331 Brush Creek Blvd Kansas City, Missouri		26. DATE REC'D BY LOCAL REG. 4-7-53		26. REGISTRAR'S SIGNATURE Geraldine Smith		27. FUNERAL DIRECTOR'S SIGNATURE U. A. Proctor	

(Licensed Embellisher's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Elmer M. ...

Licensed Embalmer No. *2640*

P. O. Address *Kennas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.